2008 PIT-X NEW MEXICO PERSONAL INCOME TAX Amended return for tax year January 1 - December 31, 2008,

or other fiscal year beginning ______, ending _



Continue on the next page.

Attach schedules even if they did not change from the previously filed return

_	change from the previous	busiy illed retur	11.											
Check this box if address is new or changed. Print your name (first, middle, last)			1. SOC	SOCIAL SECURITY NUMBE			R	Residency status: complete for each taxpayer. Enter "R" if RESIDENT;		s re	Check if taxpayer or spouse named on the return is deceased. Enter date of death.			
Prin	your spouse's name (first, middle, last) If married, you must include s	spouse.					Н	"N" if NON-RES "F" if FIRST-YE "P" if PART-YE	AR RES.;	П				
Mai	ling Address							be made payable						
			name	d on the	return,	enter the r	name	and SSN of that p	erson. You mu	ust al	so attach	Form RPD-	41083.	
City	, State and ZIP Code		Ι,											
_			J			5. FILIN	NG S	STATUS - Ch	eck only o	one	box be	elow.		
2.	EXEMPTIONS - Number of Qualified Exemptions. If you are a dependent of another taxpayer, enter 00.			(1) Single										
	ii you are a dependent of another taxpa	iyer, eriter oo.	(2) Married filii											
3.	EXTENSION OF TIME TO FILE - Mark the bo				(4) Head of household (Enter name of person qualifying you as head of household if that person is not counted as a qualified exemption on your federal return.)									
	you have a federal or state extension, and enter extension date.				(5) Qualifying widow(er) with dependent child									
	/ /		DEPENDENTS: As listed on your federal return (Report additional dependents on Schedule PIT-S)											
		First name		Last name				Dependent's	SSN	Dependent's date of birth				
							+		<u> </u>	┡				
4.	Check this box if federal Form(s) 8886, Reportable Transaction						+	<u> </u>	<u> </u> 	\vdash				
	Disclosure Statement, is required						†			T		/		
	to be attached.								İ		/	/		
								AS PREVIOUS	SIVEII ED		A S A	MENDE		
7.	7. FEDERAL ADJUSTED GROSS INCOME						7	ASTREVIOU	SELLIEED		<u> </u>	MILINDEL		
	(From line 38 of federal Form 1040, line 22 of Form						Ė							
8.	Additions to federal income (From line 4 of PIT-AD	,					8							
9.	Federal standard or itemized deduction amount (From line 40 of feder line 24 of Form 1040A or line 5 of Form 1040EZ				0,		9							
	a. Check here if you itemized													
91	Check here if you checked box 39c on federal Form 1040, or box 2 federal Form 1040A													
10.	Federal exemption amount (From line 42 of federal Form 1040, line 26 Form 1040A, or leave blank if you filed Form 1040EZ						10							
11.	New Mexico low- and middle-income tax exemption	n (See PIT-1 instruc	ctions)			11							
12.	2. Deductions/Exemptions from federal income (Line 20 of PIT-ADJ; atta)		12							
13.	13. Medical care expense deduction (See PIT-1 instructions)						13							
1;	Ba. Unreimbursed and uncompensated medical care (You must complete both lines 13 and 13a or the deduction will lines 13 and 13a or the deduction will lines 13.													
14.	NEW MEXICO TAXABLE INCOME (Add lines 7 and 8	B, then subtract lines	9, 10,	, 11, 12	and	13)	14							
15.	Tax on amount on line 14					15								
16.	Additional amount for tax on lump-sum distributions (See PIT-1 instructions)					16								
17.	. Credit for taxes paid to another state. You must have been a New Mexico resident during all or part of the year. (See PIT-1 instructions. Include a copy of other state's return .)						17							
18.	8. Non-refundable credits from Schedule PIT-CR (Line 16 of PIT-CR; attach PIT-CR).						18							
19.	NET NEW MEXICO INCOME TAX (Add lines 15 and 16, then subtract ines 17 and 18) (Cannot be less than zero.)						19	Conti						

2008 PIT-X (page 2)



NEW MEXICO PERSONAL INCOME TAX YOUR SOCIAL SECURITY NUMBER												
MAIL THIS RETURN TO: New Mexico Taxation and Revenue Department P. O. Box 25122 Santa Fe, New Mexico 87504-5122					Reason for amending:							
only	not submit a photocopy of this fo original forms and retain a copy orns may be electronicially file	for your records. Am				^	.S PREVIOUSLY F	EII ED	AS AMEND	ED		
					[20	S FILL VIOUSET I		AS AMILIND			
	The amount on line 19 from page Total claimed on rebate and cree					21		_				
		•		,		22		\neg				
 New Mexico income tax withheld (Attach W-2, 1099 or WK) New Mexico income tax withheld from oil and gas proceeds (Attach 10) 						+		-				
	RPD-41285)					23						
24.	24. 2008 estimated income tax payments (See PIT-1 instructions)					24		\bot				
						25		$-\!\!\!\!+\!\!\!\!\!-$				
	TOTAL PAYMENTS AND CRE					26		-				
	TAX DUE (If line 20 is greater		,			27						
28.	Penalty on underpayment of es computed for you.)	,		•		28						
29.	Special method allowed for call Enter 1, 2, 3, 4 or 5 in the box i and you qualify. (Attach RPD-4	culation of underpaym	nent of estimated tax punderpayment of estin	enalty. nated tax	(29						
30.	Penalty (See PIT-1 instructions	s. Leave blank if vou w	ant penalty computed	l for vou.)	Г	30						
	B1. Interest (See PIT-1 instructions. Leave blank if you want interest computed for					31						
	TAX, PENALTY AND INTERES	•	•		· -	32						
33.	OVERPAYMENT (If line 20 is I	less than line 26, ente	er the difference here.)		33						
34.	Refund donations (Line 10 of F	PIT-D; attach PIT-D)				34		\bot				
35.	35. Amount from line 33 you want applied to your 2009 Estimated Tax					35		—				
36.	AMOUNT TO BE REFUNDED	TO YOU (Line 33 mi	nus lines 34 and 35).			36						
HA SE	REFUND EXPRESS !! NO IT DIRECTLY DEPOSITED! E INSTRUCTIONS AND L IN 1, 2 AND 3.	Routing number: Account number:		Ш		Ш	3. Type: Check Enter "		Savings Enter "X"			
Ιd	eclare I have examined t	his return, includi	ng accompanyin	ıg Pa	id preparer	's us	se only:					
schedules and statements, and to the best of my knowledge and belief it is true, correct and complete.				Signature of preparer Da								
				- :	rm's name (or vo	ure if ealf amplaye))				
Your signature Date				Firm's name (or yours if self-employed) NM CRS identification number								
Tour signature					Preparer's SSN or PTIN							
Spo	ouse's signature		Date	EIN								
(If filing jointly, BOTH must sign even if only one had income.)				Pre	Preparer's phone number							
Tax	payer's phone number						ox if Form RPD-4133 astructions.)	8 is on file	e for this taxpaye	r.		
Complete this schedule and report the result on Form PIT-X, page 2, line 25 Other payments less any refunds. 1. List any tax year 2008 payments made prior to or separate from the submission of this amended return. Also, enter the date of the payment. Do not include any estimated								Amount				
	is amended return. Also, enter the carryforward payments reported											
	an three payments, attach a sch		,		1a Sum o	of na	vments					
2	List any refunds received from a	nreviously filed 2008	New Mexico persona	I	.a came	pu	,					
List any refunds received from a previously filed 2008 New Mexico personal income tax return. Do not include any interest the New Mexico Taxation and Revenue Department paid, if any, on your refund.					2a Sum o	of ref	unds					

3. Subtract the sum of refunds reported on line 2a from the sum of payments reported on line 1a. Enter here and on line 25, Form PIT-X, page 2. (May be a negative number)